PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION
(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department Public Works Roads

Your Department's Risk Management BARS Code: .46.0030

Employee Completing Report

Employee Name: Brian Wode

Division, Section, Etc.: Public Works Roads

Work Address:

Work Phone: 7946000

Person Injured/Involved in the Accident or Incident

Name: Brian Wode

Age: 36

Home Address:

Home Phone:

Occupation: Heavy Equipment Operator

Employed By:

Work Phone:

What was the involved person doing at the time of accident or incident?

Date, Time and Place

Date: May 12 2009

Time: 2:30

A.M. ☐ P.M. ☒

Location: 14009 Waller

The Injury

Nature and extent of injury

Where was injured taken after accident?

Name of Doctor

Why was injured on premises?

Property Damage or Theft of Property

Owner's Name:

Home Phone:

Address: 14009 Waller Rd

List damage: Damaged 2 inch water line while ditching

Police Case #:

Description of Accident, Incident or Unsafe Condition

(Attach additional sheets if necessary.)

Cleaning Ditch line on Waller Rd North of Brookdale Struck and damaged 2 inch water line that was only 2 inches under ditch line. Locates not needed for this job water line should be buried deeper

Locates Required? YES ☐ NO ☒ **Locate #:**

Describe 1st Aid:

PARKS - Did person resume skating? YES ☐ NO ☐

Witnesses

Name: Jeremy Reynolds Address: Wk Phone: 7946000 Hm Phone:

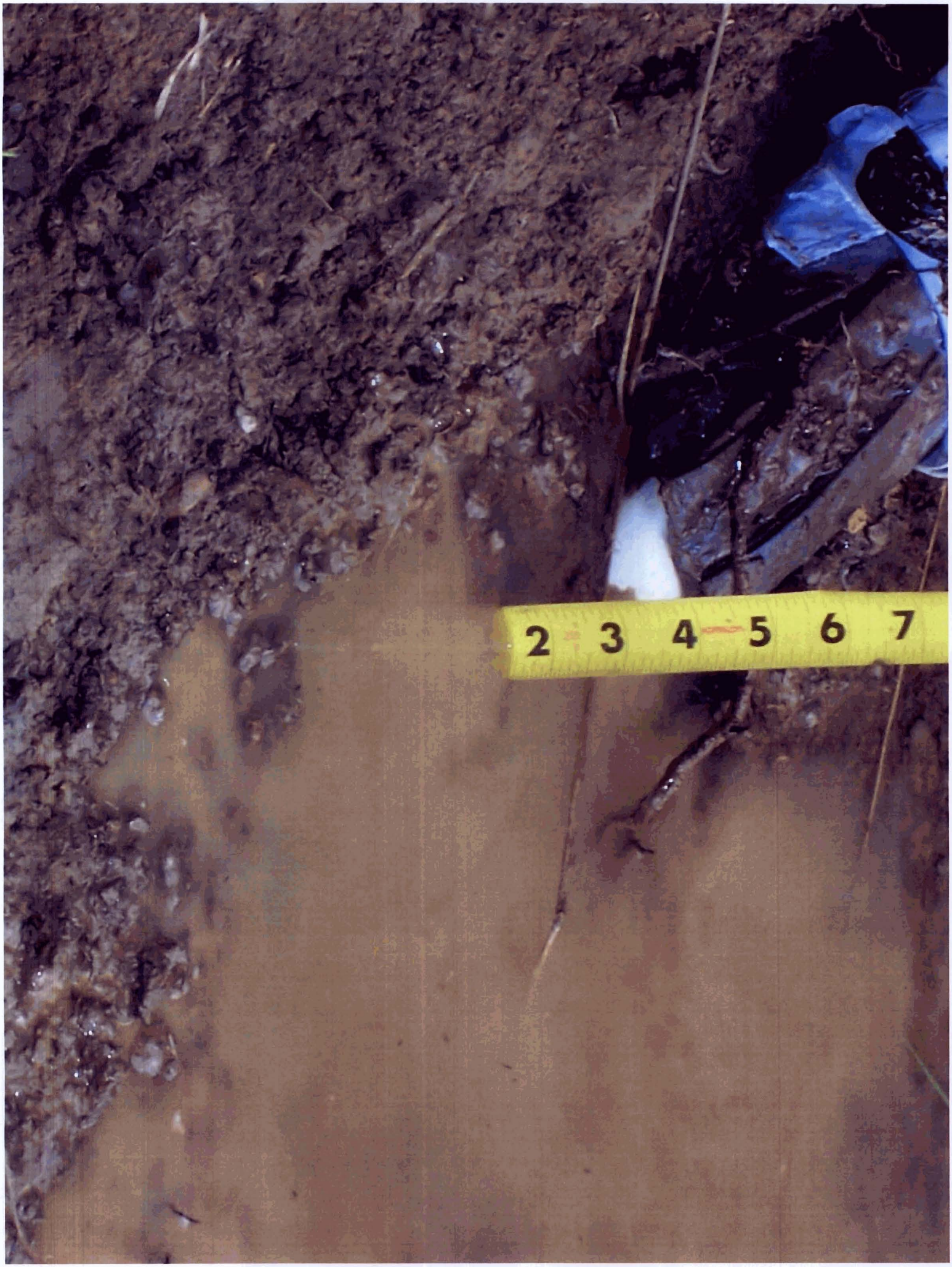
Name: Address: Wk Phone: Hm Phone:

Date, location and badge # or name of police authority to whom incident was reported:

Date	Signature of Employee	Signature of Department or Agency Head
	Brian Wode	5-12-09

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT
955 Tacoma Avenue South, Suite 303
Tacoma, WA 98402


2 3 4 5 6 7